



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

HAWORTH									FILE NUMBER
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. HAWORTH	1. IS THIS AN AMENDMENT	? ☐ Yes	□ No If Yes	. please ente	r the file i	number i	n this bo	x. →	
2. Last Name Hawnerth Double Double A. Middle Name Street Name Double Double A. Middle Name Double Doubl	The second secon	and the same			2000				tely as nossible
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11. Party Affiliation Republican Other 12. Office Sought (Include district number, if any, Not required for an exploratory committee Democrated Libertarian Republican Other 12. Office Sought (Include district number, if any, Not required for an exploratory committee 13. Fell Name of Committee (Do datherwise) 14. Mailing Address (number and seed, city, state, and ZiP Code) Check if this is a new address. 15. FAX (Optional) 16. E-mail Address (Optional) 17. City State ZiP Code 18. County 19. Telephone 20. Committee Organization Date (mm/ds/yy) 21. Chairperson's Full Name B'Designate Candidate as Chairperson. Check if this is a new address. 23. FAX (Optional) 24. E-mail Address (Optional) 25. City State ZiP Code 26. County 27. Telephone (Day) 28. Telephone (Evening) 28. Telephone (Evening) 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safely deposit boxes or maintains funds.) 31. Salaries and Reimbursements (Will the committee pay the candidate a salary nichountement for lost wages? If Yes, statch a copy of the contract Yes 18. County 27. Telephone (Day) 28. Telephone (Evening) 29. Exploratory Committee (Give brid statement explaining purpose of an exploratory committee and tended to the committee, payor the following purpose of an exploratory committee of the committee and tended to the committee (List all banks or other Appointed Treasurer of the Committee or the Committee (List all banks or other Appointed Treasurer of the Committee (List all banks or other Appointed Treasurer of the Committee (List all banks or other Appointed Treasurer of the Committee (List all banks or other Appointed Treasurer of the Committee (List all banks or other Appointed Treasurer of the Committee (List all banks or other Appointed Treasurer of the Committee (List	1717 5.Bel	1 St	7ID Code	9 County	()	9 Telenh	one (Davi	donni	
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SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. 13. Full Name of Committee (Do not abbreviate)	11. Party Affiliation			12.	Office Soug	ht (Include i	district numb	er, if any. N	lot required for an exploratory committee
13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.							NPW		
14. Mailing Address (number and street, city, state, and ZIP code) 17. City 17. City 18. State 18. County 18. Telephone 18. County 19. Telephone 20. Committee Organization Date (minddy)) 21. Chairperson's Full Name 22. Mailing Address (number and street, city, state, and ZIP code) 23. Mailing Address (number and street, city, state, and ZIP code) 25. City 26. County 27. Telephone (Day) 28. Telephone (Day) 28. Telephone (Evening) 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds,) 30. Exploratory Committee (Give brief statement engining purpose of an exploratory committee only.) 31. Salaries and Relimbursements (Will the committee pay the candidate a salary minimursement for lost wages? If Yes, attach a copy of the contract.) Yes 1 SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) 32. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee. 33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer of the Committee of Committee. 34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new treasurer of the Committee of Comm					cable bo	xes as f	ully and	accura	tely as possible.
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SECTION E. CERTIFICATION OF STATEMENT We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. 42. Typed or Printed Name of Chairperson Signature of Chairperson Annue Annue Total Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. Total Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. Total Committee and that we have have have examined this statement. To the best of our knowledge and belief it is true, correct and complete. Total Committee and that we have have have have examined this statement. To the best of our knowledge and belief it is true, correct and complete. Total Committee and that we have have examined this statement. To the best of our knowledge and belief it is true, correct and complete. Total Committee and that we have have examined this statement. To the best of our knowledge and belief it is true, correct and complete. Total Committee and that we have have examined this statement. To the best of our knowledge and belief it is true, correct and complete. Total Committee and that we have have have examined this statement. To the best of our knowledge and belief it is true, correct and complete. Total Committee and that we have have have have have have have hav	Committee. I am not the cha	airperson	of a campaign fi	nance commit	ttee (excep	t as	1 4	HI >	1)
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42. Typed or Printed Name of Chairperson Nonne Howooth X and Tomber Toll-22 43. Typed or Printed Name of Candidate Signature of Candidate JUL 1 1 2022									
43. Typed or Printed Name of Candidate Signature of Candidate Signature of Candidate Signature of Candidate July 7-11-22 JUL 1 1 2022			The second secon		1/1			y)	FILED
43. Typed or Printed Name of Candidate Thomas Hawosth X anna Amelian 7-11-22 JUL 1 1 2022	Dance Hann	Atr	~ OX	1 1	9 100	must	7-11-	22	lim has bed
Towne Haworth XI suns James 7-11-22 JUL 1 1 2022	43. Typed or Printed Name of C	Candidate	Signature o	Candidate	7 1	H	ate (mm/dd/y	y	
Warning: State law requires that any change in this information be reported within ten (19) days of the change /C 3-9-1-10). A	Towne Haw	otto	XI	una D	anus	rull	7-11-5	22	JUL 1 1 2022
LIEBRIE NILMANIA	Warning: State law requires that a	ny change in	this information be	reported within to	(10) days	of the char	ige / 3-9-	1-10). A	DEBBIE STEWART
person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18). Clerk Howard Cir. Court	accurate report as required by the I	ndiana Camp	aigp Finance Law c	eiony (10 3-14-1- ommits a Class I	B misdemear	or (IC-9-14	-1-14), and		





STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

JUN 2 4 2022

(CAN-12)

State Form 55128 (R / 8-19) Indiana Election Division (IC 3-8-9)

INSTRUCTIONS: This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or four party convention; (2) certificate of nomination by a Libertarian Party convention; (3) polition of nomination as a school board candidate; (4) petition of nomination as a school board candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filled no later than moon 60 days after an individual assumes a vacant local office. NOTE: A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filling with the office described in IC 3-8-2-6.

STATE OF INDIANA

ak	INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:
	20 <u>21</u>
TE: I	Insert "Not Applicable" where appropriate.
2.5	DONNIE HAWORTH the undersigned, certify the following:
	Name of Candidate or Person Filling Vacant Office
(1)	The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is
	County Council District 3 . (Include district, if applicable
(2)	The name of my spouse was
(3)	The name of my employer and the nature of its business was
	Dan's Variety Bakery
(4)	The name of the employer of my spouse and the nature of its business was
(5)	If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was
(0)	Brian Hawarth
	Di an Hamonin
(6)	If I operated a professional practice, the name of the professional practice and the nature of its business was
(7)	If I was a member of a partnership, the name of the partnership and the nature of its business was
(8)	If my spouse was a member of a partnership, the name of the partnership and the nature of its business was
(9)	If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was
(10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its
1.	business was
	Davings Had
(11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business.
	was
(12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of
	its business was
	COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.

.*	I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.
	Signed, this the 23 day of Hune 2022
4	Signature Signature
	Donnie Haworth
	Printed Name
	COUNTY OF HOWARD
	Subscribed and affirmed to before me this 33 day of June , 2022 Notary Public of Other Official Administering Oath My Commission expires (applies only to Notary Public): 4127120 County of Residence: 68 Av +
	Notary Public of Other Official Administering Oath My Commission expires (applies only to Notary Public): 4 27 20 County of Residence: RAY+
	WATY STATE WITH